Sample Protocol #4: Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes (2 samples provided)

Sample A

Intracranial Monitoring Patient Protocol *Preoperative*

- PICC line placed for reliable IV access.

Intraoperative

- Standard preoperative antibiotic administration in the OR prior to incision.
- Meticulous galeal closure to prevent CSF leak.
- Each exiting electrode is secured with purse-string suture to prevent CSF leak.
- Bacitracin applied to incisions and electrode exit sites, followed by headwrap dressing.

Postoperative

- Ceftriaxone 2G IV administered BID during course of monitoring.
- Decadron 4mg q6hr for first 48hrs to reduce brain and soft tissue swelling.
- Dressing inspected daily for drainage. Dressing is left intact until electrodes are removed, unless drainage is noted, indicating need for dressing change. For prolonged recordings (>1 week), dressings are removed on a weekly basis, electrode exit sites inspected for signs of infection or drainage, and head rewrapped.
- Sequential compression devices in use at all times to prevent DVTs.
- Aggressive daily use of incentive spirometry to prevent atelectasis.

Sample B

CARE OF PATIENTS WITH INVASIVE EPILEPSY ELECTRODES

1. Patients will come out of the OR with a head wrap on. Underneath the wrap will be a telfa/tegaderm dressing.

2. Patients typically spend 1 night in the ICU and then go to the EMU on the 10th floor for monitoring.

3. Patients should get postoperative imaging the evening after the OR (preferably before midnight) while in the ICU. They cannot be transferred to the Epilepsy Monitoring Unit and hooked up for monitoring until this is done:
    a. Postop head CT to look for hemorrhage
    b. Postop high resolution CT scan to evaluate for electrode position
    c. Postop MRI to evaluate electrode position (Postop DBS protocol)
    d. AP/lateral skull XR

4. Patients remain on antibiotics throughout the monitoring period
    a. Ancef 2g IV q8h or Vanco 1g IV BID

5. Neurosurgery handles all surgical issues, neurology manages AEDs.

6. It is imperative to watch for CSF leak. If a leak is noted, the source should be determined and a stitch placed to stop it.

7. The headwrap should be changed as needed due to drainage or movement.

8. On postop day 2, the original dressing should be removed and a new dressing placed over the electrode exit site (the main incision does not need a new dressing) with a new headwrap.

    a. A small amount of bacitracin ointment may be placed at the electrode exit sites only

9. Staples remain in place.

10. SQ heparin may be started on postop day 2.

11. Patients may be out of bed to a chair.

12. The foley catheter may be removed at the patient's discretion.

13. THE MANAGEMENT OF SEIZURES AND STATUS EPILEPTICUS IS THE SAME IN THE PATIENTS AS IN ANY OTHER PATIENT